



GALLATIN MUNICIPAL-REGIONAL PLANNING COMMISSION – BOARDS OF ZONING APPEALS APPLICATION

Please fill out all information. An answer of N/A is required for questions not applicable to your project for it to be considered a complete application. Projects with incomplete applications and/or documents will not be placed on the Planning Commission agenda.

Date Submitted: _____

File Number: _____

Project Information

Project Name: _____						<input type="checkbox"/> Check if you have had a pre-app meeting.
Project Location: _____						
List All Tax Map/Group/Parcel #'s _____ / _____ / _____ _____ / _____ / _____						
Phase	Section	#Lots	#Dwelling Units	Site Acreage	Site Square Footage if under 1 acre	
Current Zone	Requested Zone	Existing Non-Residential Building Square Footage		Requested Non-Residential Building Square Footage		
Zoning of Surrounding Properties: North _____ South _____ East _____ West _____						

Applicant

Organization: _____		Contact Name: _____	Title: _____
Street Address _____			
City _____		State _____	Zip Code _____
Phone _____		Alt. Phone _____	
Fax _____		Email _____	

Owner ☐ Same as applicant

Owner: _____		Contact Name: _____	Title: _____
Street Address _____			
City _____		State _____	Zip Code _____
Phone _____		Alt. Phone _____	
Fax _____		Email _____	

Contractor

Business Name: _____		Contact Name: _____	Title: _____
Street Address _____			
City _____		State _____	Zip Code _____
Phone _____		Alt. Phone _____	
Fax _____		Email _____	

Purpose (Describe the reason for this application)

Type of Application (Please check one as well as type of plan or approval if applicable)

1	<input type="checkbox"/> Major Subdivision Plat <input type="checkbox"/> Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final
2	<input type="checkbox"/> Minor Subdivision Plat (5 lots or less) <input type="checkbox"/> Staff Approval (2 lots or less) <input type="checkbox"/> Planning Commission Approval
3a	<input type="checkbox"/> Rezoning without Preliminary Master Development Plan (Written request, legal description, and scale drawing required)
3b	<input type="checkbox"/> Rezoning with Preliminary Master Development Plan (Written request, legal description, and master development plan required)
3c	<input type="checkbox"/> Ordinance Text Change (Written request required)
4	<input type="checkbox"/> Master Development Plan Revision (Written request and preliminary master development plan required)
5	<input type="checkbox"/> Right-of-way Acquisition/Street Acceptance
6	<input type="checkbox"/> Annexation (Written request, legal description, and scale drawing required)
7	<input type="checkbox"/> Discussion / Interpretation / General Development / Plan Amendment Request
8a	<input type="checkbox"/> Site Plan <input type="checkbox"/> Change of Use <input type="checkbox"/> In-House Staff Approval <input type="checkbox"/> Planning Commission Approval
8b	<input type="checkbox"/> Final Master Development Plan
B	<input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Variance <input type="checkbox"/> Administrative Appeals <input type="checkbox"/> Municipal <input type="checkbox"/> Regional
E	<input type="checkbox"/> Engineering Construction Plan Review
S	<input type="checkbox"/> Special Called Meeting <input type="checkbox"/> Boards of Zoning Appeals <input type="checkbox"/> Planning Commission

**Copy of completed checklist is required to be submitted with application.*

Notice of Public Disclosure: All documents, including, but not limited to applications, plans, drawings, designs, and all other written materials filed with the City of Gallatin Codes/Planning Department and Engineering Division shall be available to the general public for inspection and copy, in accordance with the Tennessee Open Records Law.

Signature: _____ **Print Name:** _____

The signature is that of the: ☐ Owner ☐ Owner's Agent

*If owner's agent signs application, an agent letter will be required as proof of authorization to act on owner's behalf.

*If owner is not owner of record, proof of ownership is required: Purchase Contract, Deed, etc.

Fees Due (See attached fee schedule) \$ _____	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Received by: _____	Receipt # _____ Account #32650-110 _____

PROJECT TYPE	FEE
Sketch Plat	\$100 + \$5 per lot
Preliminary Plat	\$150 + \$5 per lot
Final Plat	\$150 + \$5 per lot
Minor Subdivision	\$150 PC Approval \$50 Staff Approval
Site Plan	\$75 – up to 10,000 sq. ft. (bldg. area) + .05 per sq. ft. thereafter to a maximum of \$500
Change of Use/In-House Site Plan	\$50
Temporary Use Permit	\$50
Final Master Development Plan	\$150 + \$5.00 per acre over 5 acres up to \$750 maximum
Master Development Plan Revision	\$150
Rezoning Request with Preliminary Master Development Plan	\$300 + \$5.00 per acre over 5 acres
Rezoning Request without Preliminary Master Development Plan	\$125 (up to 1 acre) \$225 (1 – 15 acres) \$325 (16 – 50 acres) \$425 (51 – 100 acres) \$525 (100+ acres)
Annexation [T.C.A. § 6-51-102(a)(1)]	\$100
Boards of Zoning Appeals – Variance Request, Conditional Use Permit, Administrative Appeal	\$50
Special Called Meeting Fee <ul style="list-style-type: none"> Boards of Zoning Appeals Planning Commission City Council voting meeting requested by applicant 	\$300 \$400 \$1,050